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**\*BIBDATASHEET\***

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Bib Data Sheet

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/688,470 | <b>FILING OR 371(c)<br/>DATE</b><br>10/17/2003<br><b>RULE</b> | <b>CLASS</b><br>455 | <b>GROUP ART UNIT</b><br>2617 | <b>ATTORNEY<br/>DOCKET NO.</b><br>BUZA-013/01US |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/419,785 10/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/31/2004

|  |                                   |                                 |                               |                                    |
|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>31 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                 |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature              | Initials                        |                               |                                    |

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**TITLE**

APPARATUS AND METHOD FOR EXTENDING THE COVERAGE AREA OF A LICENSED WIRELESS COMMUNICATION SYSTEM USING AN UNLICENSED WIRELESS COMMUNICATION SYSTEM

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>750 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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